

FILED JUL 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH23888
STATE FILE NUMBER

Registration District No. #67 Primary Registration District No. 4118 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo COUNTY Christian	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sparta, Mo		c. CITY OR TOWN Sparta Mo	
d. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sparta Mo		e. STREET ADDRESS (If outside, give location) Sparta Mo	
3. NAME OF DECEASED (Type or print) First Middle Last Isaac N Hodges		4. DATE OF DEATH Month Day Year July 15 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 30-1889
9. AGE (In years last birthday) 68		10. FUNDING YEAR Months Days Hours Min.	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		12. KIND OF BUSINESS OR INDUSTRY Mo	
13a. FATHER'S NAME Jess Hodges		13b. MOTHER'S MAIDEN NAME Francis Shipman	
14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		15. SOCIAL SECURITY NO.	
16. NAME OF HUSBAND OR WIFE Zena Hodges		17. INFORMANT Leland Hodges. Ozark Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Dilatation DUE TO (b) Chronic Myocarditis DUE TO (c) Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 422.1		INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. Attended the deceased from April 1957 to July 15-67 and last saw him alive on July 15-1957 Death occurred at 10:40 on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Deceased or title) D. Warren Wilson	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 17-57	
23c. NAME OF CEMETERY OR CREMATORY Shipman		23d. LOCATION (City, town, or county) Christian Mo	
24. FUNERAL DIRECTOR F. B. Chaffin		25. DATE RECD. BY LOCAL REG. July 20/57	
26. REGISTRAR'S SIGNATURE Nannie Day			

(Licensed Embalmers' Stamp on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed T. B. Phaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, Ark

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.